G. R. S. 58]

Previous references.

Sanry File No.) 3—14

1915.

Serial Nos. 16 & 30.

(Sanitary)

Later references.
LB. 57—158, 245, 9 & 11 B - Jany 1916.

GENERAL AND REVENUE SECRETARIAT.

P. 27. C

Serial Nos. 16 & 30.

Part B for August 1915

SUBJECT.

Copies of the pamphlets. (1) Quinine in the treatment of Malaria in English and Kannada. (2) Small pox and Vaccination in English, printed and distributed to the people of the Malnad tracts of Kadur & Hassan Dists.

G. O. No. 1750—62 dy. 30. 8. 15.

Records the Subm. of Copies of the above & requests the Sanitary Comr to communicate the appreciation of Govt to Mr. Samuel.

GPB—10,000—23-3-15

Dr. H. Barnes
4/9/15

G. R. S. 11] 1914-15

GENERAL AND REVENUE SECRETARIAT.

(Sanitary)

NOTES.

File No. 73-74

FILE HEADING.

Progress report of the Special Revenue officer, N. I. Kaduna & Hausama

From

The Special Revenue officer, N. I. Kaduna & Hausama Districts

No. 971 Dated 16. 4. 15 Received 19. 4. 15

Diary No.	Enclos.	Spare Copies.	Serial No.
6538			16

BRIEF ABSTRACT OF LETTER.

Submits for information a dozen copies of each of the three pamphlets, viz, "Quinine in treatment of Malaria in English & Kaduna and Small-pox and vaccination, in English", printed and distributed to the people in the Malaria tracts of Kaduna & Hausama districts

NOTES AND ORDERS.

The booklet on Malaria & its prevention received from the Special Rev-officer, N. I. Kaduna & Hausama Districts has been

given acknowledgement on 24.4.15 submitted to the Deputy on the 27th March 1915.

Submitted. This may also be kindly submitted

Notes—First Sheet. 23.4.15

GPB-20,006-8-8-14

6538

G. R. S. 12]

General and Revenue Secretariat. | File No. 73 of 1914-15

Serial No.

To the Extraordinary Member in Devan

24/4

Sec'y

For Kerr's perusal of this pamphlet.

Extra admin. member in Devan

Devan
30/4
30/4

2 Seen.

3 The appreciation of Government may, I think, be conveyed to Dr. Samuel through the Sanitary Commissioner.

4.5.15.

16/7/15

7152
6.5.15.

4 I quite agree but it is desirable to coordinate all such efforts in the Sanitary Dept through out the State so that many offrs may specialise in branches of Sanitary work & help to instruct the public. 5.8.15

Devan 5/8

Sec'y
6.8.15

Devan
9/8

NOTE—Contn. sheet.

GPB—25,000—22-3-15

Serial No.	
6)	The draft are may be approved (Extraordinary member) Dwg 27-8 22/8 Hon 23/8
	7) Draft approved by Extraordinary member- 27.8.15. Dwg 27/8
	8) Issue Hon 28/8
30	Lyo. No. 1750-62 dated 30.8.15. To the Special Res. offr. Dr. I. Kadir & Hassan Dy. Coms. & Chairman, Dr. I. Committee. Sanitary Commissioner & Dy. Coms. of other Districts. Records Sl. 16 with the suggestions contained in para 4 of the note & the request the Sany. Com. to communicate the appreciation of Govt. to Mr. Samuel.

GPB—100,000—29-7-14

19

From R. Nanaswamy Rao Esquire
Special Revenue Officer
Malnad Improvement Scheme.
Kadur & Hassan Districts.
Chikmagalur

To D. M. Narasinga Rao Esq B.A.B.L.
Offg: Secretary to Government
General & Revenue Depts.
Bangalore

Dated } 17 th April 1915
Despatched }

Received

General No. 971
No.

Enclosure No. 24.

Submits a dozen Copies of each of the three Pamphlets printed & distributed under the M I Scheme in the Kadur and Hassan Districts.

D6538

4

Office of the Special Revenue Officer,
M.I.S. Kadur & Hassan Districts,
Dated, Chikmagalur, 16th April 1915.

No. 971
T4.5

Sgn 73-14-6

From,

R. Nanasami Rao, Esquire,
Special Revenue Officer, M. I. Scheme,
Hassan & Kadur Districts,
Chikmagalur.

To,

D. M. Narasinga Rao, Esquire, B. A., B. L. ,
Offg: Secretary to the Government of Mysore
General and Revenue Departments,
Bangalore.

Sir,

Adverting to your letter No. 6938-9/ Sany.73-14 dated 6-3-1915, and in continuation of this office No. 779 dated ---- 10-3-1915, I have the honor to submit, herewith, a dozen copies of each of the marginally noted pamphlets -- which have been printed for distribution -- in the Malnad tracts of the Kadur & Hassan Districts and to state that the pamphlet --- " Small-pox & Vaccination " in Kannada is still in the press and copies of the same will be submitted in due course as soon as -- they are received from the press.

1. " Quinine in treatment of Malaria" English.
2. " -----Do---- Kanada.
3. " Small-pox and Vaccination " English.

I have the honor to be,

Sir,

Your most obedient servant,

Special Revenue Officer,
M. I. S. Kadur & Hassan Districts.

C.H.

C.J. - Ex. - A. 273/15

Enc to Lang. 73-14-16

Malnad Improvement Scheme.

KADUR AND HASSAN DISTRICTS.

BULLETIN NO. 1.

Quinine in the Treatment of Malaria.

(BY MR. M. G. SAMUEL, M.D.,D.T.M.,)

Cause of Malaria.

Malarial fever prevails in all warm climates especially in the summer, after rains and near marshy grounds. It causes a quarter or more of the total sickness of the locality.

It is caused by enormous numbers of minute parasites in the blood known as Plasmodia. These parasites are introduced into human blood through the proboscis of certain species of mosquitos called Anophelines.

The parasites are of three kinds which can be easily distinguished in a drop of infected blood placed under microscope. These are :—

(1) the parasite which produces its spores every three days and causes the *Quartan* fever.

(2) the parasite which produces its spores every other day and causes the *Tertian* fever, and

(3) the parasite which causes *Malignant* fever in which dangerous complications frequently occur.

II. The discovery of Cinchona and its alkaloids for the treatment of Malaria.

In ancient times when no specific treatment for Malaria was known people died in thousands every year from fevers. Many prosperous kingdoms were wiped out by Malaria. In our own State the history of Seringapatam, Nagar, Ikkeri and Sakrepatna bear ample testimony to the ravages of Malaria. Fortunately at present we have at our command a specific for the complete cure of Malaria.

The use of Cinchona bark for the treatment of Malaria was known through the American Indians. In Europe, it was for a long time kept as a secret. It is said that a sum of rupees ten lakhs was paid to a doctor to publish his secret and since then, millions of lives have been saved from early death by the timely use of the remedy. Quinine is an alkaloid extracted from cinchona and it is the only remedy for the effective treatment of Malaria

III. The Effect of Quinine on Malarial Parasites.

Quinine acts as a poison to the parasites which cause the malarial fevers. The parasites are killed

immediately by the addition of a 1 in 1,000 solution of Quinine. Quinine fortifies the system against the multiplication of the parasites in the circulating blood.

IV. The effect of Quinine on Malarial Patients.

1. Acute Malaria.

Quinine is a drug possessed of great therapeutic value. It has practically no toxic effect upon the human organism when given in suitable doses. When administered, the major portion of the drug is eliminated from the system through the urinary organs in about 24 hours. While circulating in the blood it does its work of killing the parasites. In acute malaria a single dose of Quinine will often check the fever.

2. Chronic Malaria.

In the treatment of Chronic Malaria all the active symptoms are successfully combated by the administration of Quinine which should be continued for a period of not less than three months to prevent relapses. Quinine in small doses combined with Tonics, reduces enlargement of the spleen and the anæmia is improved to a considerable extent.

V. Methods of Administration and Dose.

Good results are always obtained by the administration of the drug in solution by mouth. 99 per cent of the drug is at once absorbed. There are three chief modes of giving Quinine :—

(1) 15 grs. dissolved in some acid solution, in a single dose, an hour or two before the onset of the Paroxysm.

(2) 15 grs. dissolved in some acid solution, in a single dose, given in the sweating stage.

(3) 5 grs. in solution four times a day during the afebrile period.

The third method gives the best results. Lime-juice can be used if no acid is available. In dangerous cases Quinine should be administered hypodermically and by rectum as well. Usually by one or two doses of Quinine the fever is checked but it is not cured. The parasites are not completely destroyed. Sooner or later there will be a relapse.

VI. The period of Continuing Quinine.

Frequent relapses lead to enlargement of the Spleen, Anæmia, Dropsy and General Debility. The vitality of the patient is so lowered that he soon falls a prey to some intercurrent disease usually Pneumonia, or Dysentery. The population is decreased by the high mortality and by the physical degeneration causing sterility. Relapses should

therefore be rigorously prevented by continuing Quinine. The drug should be taken 15 grs. a day for a period of at least three months before a complete cure can be expected.

Persons residing in malarious regions and exposed to infection should take 15 grains of Quinine once every week, say every Sunday.

Children should be given 1 to 5 grs. according to age once a week.

VII. Some Common and worthless objections brought against Quinine.

(1) That Quinine does not effect a complete cure of Malaria. It is true that one or two single doses of the drug does not cure Malaria. It is against all the order of Nature. For a complete cure the drug should be continued for three months. A little inconvenience for a short period should never be considered when dealing with such a chronic disease as Malaria with all its dangerous complications.

(2) That it is a protoplasmic poison and consequently it poisons the human system. This is not true. It kills the malaria parasites but it has no toxic effect on the human organism if given in suitable doses. The giddiness, ringing in the ear and some digestic disturbances are

only transitory. When blood, the vital factor of animal life, is being rapidly destroyed by the parasites it is almost criminal to withhold Quinine on useless pleas.

Such objections against Quinine are usually brought forward by quacks to advertise their own trash.

VIII. Where one can obtain Quinine.

(1) Quinine can be obtained free of cost in all Government Dispensaries in the State.

(2) It can be purchased for a nominal price in all the Post Offices.

(3) In the highly malarious places Quinine can also be obtained free of cost through the agency of Sheikdars, Sanitary Inspectors, Patels and Shanbhogues.

:o:

The Irish Press, Bangalore City.—8000—2-15

Malnad Improvement Scheme.

KADUR AND HASSAN DISTRICTS.

BULLETIN NO. 2.

Small-pox and Vaccination.

(BY MR. M. G. SAMUEL, M.D.,D.T.M.)

I. General.

Small-pox is a communicable disease. The earliest records of Small-pox in the world are found in India where it is endemic in almost every district. The maximum prevalence of the disease is during the hot weather in the months of March, April and May. The disease is most fatal in children between the ages of two and four and the mortality appears to be higher among males than among females. About 30 per cent of the persons attacked die. In the Mysore State on an average 7,000 persons die from Small-pox annually and in the Malnad the disease is very virulent and most fatal and the average number of persons that die from it every year is 2,500.

II. Contagion.

The disease is caused, no doubt, by a *microbe* which is very resistent and is capable of being carried through a considerable distance. The period of infection lasts for about

6 weeks and the most dangerous period is the last stage of scab-formation and desquimation when the infection is transmitted chiefly through the medium of air. In this stage, coming in contact with the patient and with the clothing, bedding, vessels etc., used by him will also cause infection. Minute particles from the scabs containing the virus may float about in the atmosphere and be carried for considerable distance where they may start fresh epidemics. A Small-pox patient is a source of great danger until all the scabs have completely fallen off.

III. The Results of an Attack.

In case a patient survives an attack, he is liable to suffer from any of the following permanent defects :—

(1) Total blindness of either one or both eyes.

(2) Deafness.

(3) Stiff joints, mostly of the elbow and the knee and the consequent inability to use the limbs making him a life-long cripple.

(4) Disfigurement of the face and especially of the female children whose value now-a-days in the marriage market is thereby considerably lessened.

IV. Prevention.

(1) As Small-pox is a highly contagious disease, the patient should always be isolated in a separate well-ventilated shed.

(2) Special attention should be paid during the stage of desquimation, by frequently anointing the body of the patient with a thin oil to which some disin-

fectant such as carbolic acid (1 in 40) is added. The bedding and clothing used by the patient should be burnt; if this is not practicable, they should be immersed in boiling water for at least a period of half an hour.

(3) During an epidemic of Small-pox all persons should invariably get themselves vaccinated.

(4) Above all, as *prevention is better than cure,* all children should be successfully vaccinated within four months after birth and again when twelve years old

V. Vaccination.

The greatest good ever done by Science to the world is Vaccination and Jenner, an English doctor to whom this credit is due, is one of the greatest benefactors of mankind. In 1,798 Jenner proved that a person who had the Cow-pox was not susceptible to Small-pox and from that year onwards till now, for more than a century, the lymph prepared from Cow-pox has been successfully used for the prevention of Small-pox and thereby the horrors of this dreadful disease have been completely stamped out from the greater part of Europe. Jenner, on hearing about the destructive ravages of Small-pox in India where villages and towns were totally extirpated by frequent epidemics, sent his Lymph for use in India in 1799. Although vaccination was introduced in India more than a century ago, the people either through ignorance or through deliberate indifference have not taken to it willingly and consequently epidemics of Small-pox still continue their havoc unchecked though not so fiercely as before. It is a pity that such an easily preventable disease as small-pox should be left to have its own way.

VI. Facts about the value of Vaccination.

Statistics show a gradual decline in the mortality from Small-pox after the introduction of vaccination in a place. For instance take Bombay City :—

Before Compulsory Vaccination Act.		After Compulsory Vaccination Act.	
Year.	Deaths from Small-pox.	Year.	Deaths from Small-pox.
1865	466	1895 ...	270
1866	1,627	1896 ...	701
1867	1,055	1897 ...	57
1868	1,123	1898 ...	55
1869	1.72	1899 ...	440

The following table compiled by an experienced observer after an epidemic of Small-pox in London is also of much value in showing the utility of vaccination :—

(1) Among the unprotected ... 35 per cent. died of Small-pox.

(2) Among those said to be vaccinated but bearing no marks of vaccination. } 23 " "

(3) Among those who were vaccinated :—

(*a*) Those bearing 1 mark 7 " "

(*b*) " " 2 " 4 " "

(*c*) " " 3 " 2 " "

(*d*) " " 4 " 1 " "

A child with four good marks, has, therefore a greater security against Small-pox than a child with 2 marks and still greater security than a child with only one mark.

VII. The Age when Vaccination is to be done.

Every child should be vaccinated within four months after its birth, that is, before the child can turn over. Children are very susceptible to Small-pox and the younger the child, the lesser is its resisting power against the disease. A properly performed vaccination even to a new born babe is practically without any danger.

VIII. Precautions to be observed before and after Vaccination.

(1) A warm bath should be given to the child sometime previous to the operation, thoroughly cleaning all parts of the body with soap or soap-nut.

(2) Particular attention should be paid to cleaning the arms.

(3) The child should not be exposed to strong sunlight or to dust-laden atmosphere soon after vaccination.

(4) Articles of clothing should not be allowed to touch the site of vaccination.

(5) When the pocks are developing, the child should not be allowed to scratch them. The nails are to be cut short and all dirt removed from them.

(6) It is advisable to protect the arm with a "shield" and this can be done by well-to-do parents.

Many of the untoward effects which sometimes follow vaccination are directly due to the total negligence of the above precautions which should be adopted by the parents themselves; if treated with indifference micro-organisms gain an admission into the wound with disastrous results.

The child can be given a bath the day after vaccination, but instead, it is better to clean the body every day with a towel wrung out of warm water.

IX. Re-vaccination.

Re-vaccination is necessary as the protection afforded by primary vaccination gradually becomes less. Young people should be re-vaccinated before attaining puberty. Whenever a case of Small-pox occurs in a house, all residents in it should be re-vaccinated. In fact, Small-pox is entirely prevented if persons are vaccinated two days after exposure and if on the third day, it is modified and rendered less severe.

X. Summary of Rules to be observed.

(1) As a rule every child should be vaccinated within four months of its birth and should have four to six good insertions.

(2) A person should never pass the time of puberty without re-vaccination.

(3) Re-vaccination should be done during epidemics of Small-pox.

(4) Every child, even the newly born, should be vaccinated when Small-pox is prevalent.

(5) If it is suspected that a person is about to develop Small-pox, that person should be vaccinated at once. By doing so, the disease may be averted or what might otherwise have been a bad attack may turn out a comparatively mild one.

The belief that vaccination should not be done when an epidemic of Small-pox is prevailing, is absolutely groundless.

XI. General Remarks.

Epidemics of Small-pox are never due to the workings of Fate or to the anger and judgment of Goddesses or to the work of evil-spirits. Sacrifices and street processions can never stay the ravages of the disease. Belief in such superstitions always ends in irremediable disaster. Complete reliance should, therefore, be placed upon vaccination which is the only weapon to avert the impending danger and the greatest sanitary fact the world has ever known.

The Irish Press, Bangalore City.—8000—2-15 .

Rec. to Secy. 73-4-16.

ಮಲೆನಾಡು ಅಭಿವೃದ್ಧಿಯ ರಿಪೋರ್ಟು

ಕಡೂರು ಮತ್ತು ಹಾಸನ ಡಿಸ್ಟ್ರಿಕ್ಟುಗಳು

ಪತ್ರಿಕೆ ನಂ॥ ೩.

ಮಲೇರಿಯ ಜ್ವರಕ್ಕೆ ಸಂಜೀವಿನಿ ಪ್ರಾಯವಾಗಿರುವ ಕ್ವಯಿನಾ ಔಷಧವು.

ಮಲೆನಾಡು ಪ್ರದೇಶಗಳಲ್ಲಿ ವಿಶೇಷವಾಗಿ ಪ್ರಬಲವಾಗಿ ಹರಡಿಕೊಂಡಿರುವ ಮಲೇರಿಯ ಜ್ವರವು ಮಳೆಗಾಲವಾದ ಕೂಡಲೇ ಪ್ರಾರಂಭಿಸಿ, ಅಲ್ಲಿ ಸಂಭವಿಸುವ ಇತರ ಎಲ್ಲಾ ವ್ಯಾಧಿಗಳಿಗಿಂತ ಹೆಚ್ಚಾಗಿ ಪ್ರಬಲಿಸಿ, ಜನಗಳ ಆರೋಗ್ಯವನ್ನು ಕೆಡಿಸುವುದಲ್ಲದೆ ಅವರ ಕೆಲಸ ಕಾರ್ಯಗಳಿಗೆ ಕುಂದಕವನ್ನುಂಟು ಮಾಡುತ್ತಿರುವುದು. ಈ ಜ್ವರವು ''ಪ್ಲಾಸ್ಮೋಡಿಯ'' ಎಂಬ ಬಹು ಸೂಕ್ಷ್ಮವಾದ ವಿಷಕ್ರಿಮಿಗಳು ಮನುಷ್ಯನ ದೇಹದೊಳಗೆ ಪ್ರವೇಶಿಸುವುದರಿಂದುಂಟಾಗುವುದು. ''ಅನಾಫಲಿ'' ಎಂಬ ಒಂದು ಬಗೆಯ ಸೊಳ್ಳೆಗಳು ಕಚ್ಚುವುದರಿಂದ ವಿಷಕ್ರಿಮಿಗಳು ಮನುಷ್ಯನ ದೇಹದೊಳಗೆ ಸೇರುವವು. ಈ ಕ್ರಿಮಿಗಳಲ್ಲಿ ಮೂರುವರ್ಗಗಳುಂಟು. ಒಂದು ಬಗೆಯು ದಿನಕ್ಕೊಂದಾವರ್ತಿ ಜ್ವರವನ್ನೂ, ಮತ್ತೊಂದು ಬಗೆಯು ಎರಡುದಿನಕ್ಕೊಂದಾವರ್ತಿ ಜ್ವರವನ್ನೂ, ಇನ್ನೊಂದು ಬಗೆಯು ಬಹಳ ಕ್ರೂರವಾದ ಸನ್ನಿಜ್ವರವನ್ನೂ ಉಂಟು

ಮಾಡುವವು. ಈ ಕ್ರಿಮಿಗಳು ಕಣ್ಣಿಗೆ ಗೋಚರವಾಗುವುದಿಲ್ಲ. ರೋಗಿಯ ಬಂದು ಬಿಂದು ರಕ್ತವನ್ನು ತೆಗೆದು ಸೂಕ್ಷ್ಮದರ್ಶಕ (ಮೈಕ್ರಾಸ್ಕೋಪ್) ಯಂತ್ರದಲ್ಲಿ ಪರೀಕ್ಷಿಸಿದರೆ ಇವು ಕಂಡು ಬರುವವು.

೨. ಸಿಂಕೋನಾಮೂಲಿಕೆ ಮತ್ತು ಅದರಿಂದ ಸಿದ್ಧಪಡಿಸಿದ ಕ್ವಯಿನಾ ಔಷಧವು.

ಪೂರ್ವಕಾಲದಲ್ಲಿ ಈ ಮಲೇರಿಯ ಜ್ವರಕ್ಕೆ ಸರಿಯಾದ ಔಷಧಿಯು ತಿಳಿದಿರಲಿಲ್ಲವಾದುದರಿಂದ ಪ್ರತಿವರ್ಷವೂ ಸಾವಿರಾರು ಜನರು ಈ ವ್ಯಾಧಿಯಿಂದ ಸಾಯುತ್ತಿದ್ದರು. ಪ್ರವರ್ಧಮಾನಕ್ಕೆ ಬಂದಿದ್ದ ಅನೇಕ ರಾಜ್ಯಗಳೇ ಈ ವ್ಯಾಧಿಯಿಂದ ನಿರ್ನಾಮವಾದವು. ನಮ್ಮ ಮೈಸೂರು ಸೀಮೆಯಲ್ಲಿ ಶ್ರೀರಂಗಪಟ್ಟಣ ನಗರ, ಇಕ್ಕೇರಿ, ಸಕ್ಕರಾಯಪಟ್ಟಣ, ಮುಂತಾದ ಸ್ಥಳಗಳು ಹೀನಸ್ಥಿತಿಗೆ ಬಂದಿರುವುದಕ್ಕೆ ಈ ಜ್ವರವು ಅಲ್ಲಿ ಹೆಚ್ಚಿದ್ದೇ ಕಾರಣ ; ಆದರೆ ಈಗಿನ ಕಾಲದಲ್ಲಿ ಮಲೇರಿಯ ಜ್ವರದಿಂದ ಪೀಡಿತನಾದ ರೋಗಿಯನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ಗುಣಪಡಿಸುವ ಅತ್ಯುತ್ತಮವಾದ ಸಂಜೀವಿನಿಯು ನಮ್ಮ ಕೈವಶವಾಗಿರುವುದು. ಆ ಸಂಜೀವಿನಿಯು ಸಿಂಕೋನಾಮೂಲಿಕೆಯಿಂದ ತಯಾರಿಸಿದ ಕ್ವಯಿನಾ ಔಷಧವು. ಅಮೂಲ್ಯವಾದ ಈ ಮೂಲಿಕೆಯ ಚರಿತ್ರೆಯನ್ನು ಸ್ವಲ್ಪ ತಿಳಿಯುವುದವಶ್ಯಕ.

ಸಿಂಕೋನಾ ಮೂಲಿಕೆಯಿಂದ ಮಲೇರಿಯ ಜ್ವರವು ಗುಣವಾಗುವುದೆಂಬುವ ಮರ್ಮವು ಅಮೇರಿಕಾ ಖಂಡದ ಜ್ವರಪ್ರದೇಶಗಳಲ್ಲಿ ವಾಸಮಾಡುತ್ತಿದ್ದ ಕೆಲವು ಕಾಡು ಜನಗಳಿಗೆ ಮಾತ್ರ ಗೊತ್ತಿತ್ತು. ದೇಶಸಂಚಾರಿಗಳಾದ ಕೆಲವು ಯೂರೋಪಿಯನರು ಈ ಕಾಡುಜನಗಳಿಂದ ಈ ಮರ್ಮವನ್ನರಿತುಕೊಂಡು ಯೂರೋಪ್ ಖಂಡದಲಿಯೂ

ಬಹಳ ದಿನಗಳವರಿಗೂ ಸಿಂಕೋನಾ ಮೂಲಿಕೆಯ ಉಪಯೋಗವನ್ನು ಗೋಪ್ಯವಾಗಿಯೇ ಇಟ್ಟುಕೊಂಡಿದ್ದರು. ದೇಶೋಪಕಾರಿಯಾದ ಫ್ರೆಂಚ್‌ರಾಜ್ಯದ ಒಬ್ಬ ಚಕ್ರವರ್ತಿಯು ಈ ಗುಟ್ಟನ್ನು ತಿಳಿದಿದ್ದ ಒಬ್ಬ ವೈದ್ಯನಿಗೆ ಹತ್ತು ಲಕ್ಷ ರೂಪಾಯಿಗಳನ್ನು ಬಹುಮಾನವಾಗಿ ಕೊಟ್ಟು ಮೂಲಿಕೆಯ ಹೆಸರನ್ನು ತಿಳಿದುಕೊಂಡು ಜನರ ಉಪಯೋಗಕ್ಕಾಗಿ ತನ್ನ ರಾಜ್ಯದಲ್ಲೆಲ್ಲಾ ಪ್ರಸಿದ್ಧಪಡಿಸಿ ಬಿಟ್ಟನು. ಅಂದಿನಿಂದೀಚಿಗೆ ಲಕ್ಷೋಪಲಕ್ಷ ಜನರು ಮಲೇರಿಯಾ ಜ್ವರಕ್ಕೆ ತುತ್ತಾಗದೆ ಈ ಮೂಲಿಕೆಯಿಂದ ಗುಣಹೊಂದುತ್ತಿರುವರು. ಕ್ವಯಿನಾ ಎಂಬ ಔಷಧವು ಸಿಂಕೋನಾ ಮರದ ತೊಗಟೆಯಿಂದ ಸಿದ್ಧಪಡಿಸಿದ್ದು. ಇದು ಮಲೇರಿಯಾ ಜ್ವರಕ್ಕೆ ಸಂಜೀವಿನಿಯು.

೩. ಕ್ವಯಿನಾ ಔಷಧಿಯಿಂದಾಗುವ ಪ್ರಯೋಜನಗಳು.

೧. ಕ್ವಯಿನಾವನ್ನು ಸೇವಿಸಿದರೆ ಮಲೇರಿಯಾ ಜ್ವರದಿಂದ ನರಳುತ್ತಿರುವ ರೋಗಿಯ ದೇಹದಲ್ಲಿ ವ್ಯಾಪಿಸಿ ರೋಗಕ್ಕೆ ಕಾರಣವಾಗಿರುವ ವಿಷಕ್ರಿಮಿಗಳು ನಾಶವಾಗುವವು. ಜ್ವರವೂ ನಿಲ್ಲುವುದು; ಮುಂದೆ ಜ್ವರಕ್ಕೆ ಆಸ್ಪದವಿಲ್ಲದಂತೆ ದೇಹವೂ ಬಲಕಾರಿಯಾಗುವುದು.

೨. ಮೊಟ್ಟ ಮೊದಲು ಜ್ವರ ಬಂದಾಗ ತಡಮಾಡದೆ ಒಂದೆರಡಾವರ್ತಿ ಕ್ವಯಿನಾವನ್ನು ತೆಗೆದುಕೊಂಡ ಮಾತ್ರದಲ್ಲೇ ಜ್ವರವು ನಿಂತುಹೋಗುವದು. ವಿಷಕ್ರಿಮಿಗಳೆಲ್ಲಾ ಒಂದೇ ಸಲ ನಾಶವಾಗುವವು. ದೇಹಕ್ಕೆ ಯಾವ ಆಲಸ್ಯವೂ ಆಗುವುದಿಲ್ಲ.

೩. ಬಹಳ ಕಾಲದಿಂದಲೂ ಈ ಜ್ವರದಿಂದ ಪೀಡಿತರಾದವರು ಕ್ವಯಿನಾವನ್ನು ಸೇವಿಸಿದರೆ ರೋಗದ ಚಿನ್ಹೆಗಳು ಮಾಯ

ವಾಗುವುದಲ್ಲದೆ ಈ ಔಷಧಿಯನ್ನು ಕನಿಷ್ಟಪಕ್ಷ ಮೂರು ತಿಂಗಳು ಉಪಯೋಗಿಸುತ್ತಾ ಬಂದರೆ ಪದೇ ಪದೇ ಜ್ವರ ಬರುವದು ನಿಂತು ಪೂರ್ಣಗುಣವಾಗುವದು. ಕ್ವಯಿನಾ ವನ್ನು ಸ್ವಲ್ಪ ಪ್ರಮಾಣದಲ್ಲಿ ಬಲಕಾರಿಯಾದ ಔಷಧಿಗ ಳೊಂದಿಗೆ ಸೇರಿಸಿಕೊಟ್ಟರೆ, ಜ್ವರದ ಗಡ್ಡೆ, ಕಾಮಾಲೆ, ನಿಶ್ಶಕ್ತಿ ಮುಂತಾದವುಗಳು ಸಹ ಅದೃಶ್ಯವಾಗುವವು.

೪. ಕ್ವಯಿನಾ ಔಷಧಿಯ ಪ್ರಮಾಣ ಮತ್ತು ಸೇವಿಸುವ ವಿಧಾನ.

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೧. ದಿನಕ್ಕೊಂದಾವರ್ತಿ ೧೫ ಗ್ರೇ೯ ಅಂದರೆ ೧೫ ಛತ್ತದ ಕಾಳಿನ ತೂಕದಷ್ಟು ಕ್ವಯಿನಾವನ್ನು ಸ್ವಲ್ಪ ನಿಂಬೆಹಣ್ಣಿ ನ ರಸದಲ್ಲಿ ಕದಡಿ ಸ್ವಲ್ಪ ನೀರನ್ನು ಸೇರಿಸಿ ಜ್ವರಬರುವು ದಕ್ಕೆ ಒಂದೆರಡು ಘಂಟೆಗಳ ಮುಂಚೆಯಾಗಲಿ ಜ್ವರಬಿಟ್ಟು ರೋಗಿಯು ಬೆವರುತ್ತಿರುವಾಗಲಾಗಲಿ ಕೊಡಬಹುದು.

೨. ಒಂದು ಸಲಕ್ಕೆ ೫ ಗ್ರೇ೯ ಕ್ವಯಿನಾವನ್ನು ಮೇಲಿನಂತೆ ನಿಂಬೆ ರಸದಲ್ಲಿ ಕದಡಿ ಸ್ವಲ್ಪ ನೀರು ಸೇರಿಸಿ ರೋಗಿಗೆ ಜ್ವರವಿರಲಿ, ಇಲ್ಲದೆ ಇರಲಿ, ದಿನಕ್ಕೆ ೪ ಅಥವಾ ೪ ಆವರ್ತಿ ಕೊಡಬಹುದು.

ಈ ಎರಡು ವಿಧಾನಗಳಲ್ಲಿ ಯಾವುದಾದರೂ ಒಂದು ವಿಧಾನವನ್ನು ಅನುಸರಿಸಬಹುದು. ಆದರೆ ಎರಡನೆ ವಿಧಾನವು ಬಹಳ ತೃಪ್ತಿಕರವಾ ದದ್ದು. ಕಠಿಣವಾದ ಜ್ವರಗಳಲ್ಲಿ ಕ್ವಯಿನಾವನ್ನು ಸೂಜಿಯ ಮು ಖಾಂತರ ರಕ್ತಕ್ಕೆ ಸೇರಿಸುವುದುಂಟು. ಅಂಥ ಚಿಕಿತ್ಸೆಯನ್ನು ಒಬ್ಬ ಡಾಕ್ಟರಿಂದ ಮಾಡಿಸಿಕೊಳ್ಳಬೇಕು. ಜ್ವರವು ಕೂಡಲೆ ಏನಾಗು

ವುದು. ಆದರೆ ಪೂರ್ಣವಾಗಿ ಗುಣವಾಗಬೇಕಾದರೆ ಕ್ವಯಿನಾವನ್ನು ಮೊದಲು ಹೇಳಿದಂತೆ ಸೇವಿಸಲೇಬೇಕು.

೫. ರೋಗಿಯು ಎಷ್ಟುಕಾಲ ಕ್ವಯಿನಾವನ್ನು ಸೇವಿಸಬೇಕು?

ಹೊಟ್ಟೆಯಲ್ಲಿ ಜ್ವರದಗಡ್ಡಿ, ಕಾಮಾಲೆ, ಕೈಕಾಲು ಬಾತುಕೊಳ್ಳುವುದು, ಮುಂತಾದ ಚಿನ್ಹೆಗಳು ಪದೇಪದೇ ಜ್ವರ ಬರುವುದರಿಂದ ಉತ್ಪತ್ತಿಯಾಗುವುವು. ದೇಹದ ಶಕ್ತಿಯು ನಿರ್ಮೂಲವಾಗುವುದರಿಂದ ರೇಷ್ಮೆ ಜಡ, ಆಮಶಂಕೆ, ಮುಂತಾದ ರೋಗಗಳು ಬಂದಾಗ್ಯೆ ತಡೆದು ಕೊಳ್ಳಲು ಶಕ್ತಿಯಿಲ್ಲದೆ ಜನಗಳು ಬಹಳವಾಗಿ ಸತ್ತುಹೋಗುವರು. ಹೀಗೆ ಪ್ರಜಾಸಂಖ್ಯೆಯು ಕ್ಷೀಣಗತಿಯಾಗಿ ಹೋಗುವುದಲ್ಲದೆ ಅಲ್ಪ ಸ್ವಲ್ಪ ಉಳಿದವರು ಪುಂಸತ್ವವಿಲ್ಲದೆ ಪುತ್ರಸಂತಾನವನ್ನೇ ಹೊಂದರು. ಆದ್ದರಿಂದ ಪದೇಪದೇ ಜ್ವರ ಬರುವಿಕೆಯನ್ನು ಸರ್ವ ಪ್ರಯತ್ನದಿಂದಲೂ ನಿಲ್ಲಿಸಬೇಕು. ಹಾಗೆ ನಿಲ್ಲಿಸಬೇಕಾದರೆ ಕ್ವಯಿನಾಸಂಜೀವಿನಿಯನ್ನು ಬಿಡದೆ ಕನಿಷ್ಠಪಕ್ಷ ಮೂರು ತಿಂಗಳವರಿಗೂ ದಿನಕ್ಕೆ ೧೫ ಗ್ರೇನಿನಂತೆ ಸೇವಿಸುತ್ತಾ ಬರಬೇಕು.

ಮಲೇರಿಯಾ ಪ್ರದೇಶಗಳಲ್ಲಿ ವಾಸವಾಡುವ ಎಲ್ಲಾ ಜನಗಳೂ ಜ್ವರಬರದಂತೆ ವಾರಕ್ಕೊಂದಾವರ್ತಿಯಾದರೂ ೧೫ ಗ್ರೇ ಕ್ವಯಿನಾವನ್ನು ಸೇವಿಸುತ್ತಿರಬೇಕು. ಮಕ್ಕಳಿಗೆ ೧ರಿಂದ ೫ ಗ್ರೇವರಿಗೆ ವಯಸ್ಸಿಗೆ ಅನುಗುಣವಾಗಿ ವಾರಕ್ಕೊಂದಾವರ್ತಿ ಕೊಡುತ್ತಿರಬೇಕು. ಮಲೆನಾಡು ಪ್ರದೇಶಗಳಲ್ಲಿ ಪ್ರತಿಯೊಬ್ಬರೂ ಈ ಸಂಜೀವಿನಿಯನ್ನು ತಮ್ಮ ಮನೆಗಳಲ್ಲಿ ಇಟ್ಟಿರಬೇಕಾದದ್ದು ಬಹಳ ಅವಶ್ಯಕವಾಗಿರುತ್ತದೆ.

ಕೆಲವರು ಕ್ವಯಿನಾ ಔಷಧಿಯನ್ನು ತೆಗೆದುಕೊಂಡಾಗ ಮಾತ್ರ ಜ್ವರವು ನಿಂತು ಪುನಃ ಬರುವುದೆಂದು ಹೇಳುವರು. ಮಲೆನಾಡು ಪ್ರದೇಶಗಳಲ್ಲಿ ಪದೇಪದೇ ಮಲೇರಿಯಾ ಜ್ವರದಿಂದ ನರಳುತ್ತಿರುವವರು ಕ್ವಯಿನಾವನ್ನು ಪ್ರಮಾಣಕ್ಕೆ ಕಮ್ಮಿಯಾಗಿ ಒಂದಾವರ್ತಿ ಮಾತ್ರ ತೆಗೆದುಕೊಳ್ಳುವುದರಿಂದ ಯಾವ ಉಪಯೋಗವೂ ಇಲ್ಲವೆಂದು ಮೊದಲೇ ತಿಳಿಸಿರುತ್ತದೆ. ಮಲೇರಿಯಾ ಜ್ವರವು ಬಹಳ ದೀರ್ಘಕಾಲ ಇರತಕ್ಕದ್ದು ಮತ್ತು ಬಹಳ ಅನಾಹುತಗಳಿಗೆ ಕಾರಣವಾದದ್ದು. ಇಂಥಾ ವ್ಯಾಧಿಯು ಒಂದೇಸಲ ಔಷಧಿಯನ್ನು ಸೇವಿಸುವುದರಿಂದ ಒಂದೇ ದಿನದೊಳಗೆ ಗುಣವಾಗಬೇಕೆನ್ನುವುದು ತುಂಬಾ ಅವಿವೇಕವು. ಪೂರ್ಣ ಗುಣವಾಗಬೇಕಾದರೆ ಔಷಧಿಯನ್ನು ಮೂರು ತಿಂಗಳು ಸೇವಿಸುತ್ತಿರಬೇಕು. ಪಥ್ಯವಿಲ್ಲ.

ಕೆಲವರು ಕ್ವಯಿನಾ ಔಷಧಿಯನ್ನು ತೆಗೆದುಕ್ಕೊಂಡರೆ ದೇಹವು ಕುಂದಿ ಕೆಟ್ಟುಹೋಗುವುದೆಂದು ಹೇಳುವರು. ಇದು ಬಹಳ ನಿರಾಧಾರವಾದ ಮಾತು. ಕ್ವಯಿನಾ ಬಹಳ ಹೊತ್ತು ದೇಹದೊಳಗೆ ನಿಲ್ಲುವುದಿಲ್ಲ. ತೆಗೆದುಕೊಂಡ ೨೪ ಘಂಟೆಗಳೊಳಗಾಗಿ ಮೂತ್ರದ ಮುಖಾಂತ್ರ ದೇಹದಿಂದ ಹೊರಪಡುವುದು. ಈ ಔಷಧಿಯನ್ನು ದೀರ್ಘಕಾಲ ತೆಗೆದುಕೊಳ್ಳುವುದರಿಂದ ಜ್ವರದ ಕ್ರಿಮಿಗಳು ನಾಶವಾಗಿ ಜ್ವರವು ಪುನಃ ಬರುವುದಿಲ್ಲ. ಇದರಿಂದ ದೇಹಕ್ಕೆ ಯಾವ ಬಾಧಕವೂ ಆಗುವುದಿಲ್ಲ. ಕೆಲವು ಕುಪಕವೈದ್ಯರು ತಮ್ಮಲ್ಲಿರತಕ್ಕ ಉಪಯೋಗವಿಲ್ಲದ ಔಷಧಿಗಳನ್ನು ಜನರು ಮೆಚ್ಚುವದಕ್ಕೋಸ್ಕರ ಕ್ವಯಿನಾ ಸಂಜೀವಿನಿಯನ್ನು ಕುರಿತು ತುಚ್ಛವಾಗಿ ಮಾತನಾಡುವುದುಂಟು. ಜನಗಳು ಅಂಥವರ ಮಾತಿಗೆ ಬೆರಗಾಗಬಾರದು. ಮಲೇರಿಯಾ ಜ್ವರಕ್ಕೆ ಕ್ವಯಿನಾ ಸಂಜೀವಿನಿಯನ್ನು ಉಪಯೋಗಿಸದೆ ಇರುವ ವೈದ್ಯನು ಕಡುಪಾಪಿಯು

೭. ಕ್ವಯಿನಾ ದೊರೆಯುವ ಸ್ಥಳಗಳು.

ಈ ಸಂಜೀವಿನಿಯು ಅಮೂಲ್ಯವಾದ ಗುಣಗಳನ್ನುಳ್ಳ ಔಷಧಿಯು ಸುಲಭವಾಗಿ ಪ್ರಜೆಗಳಿಗೆಲ್ಲಾ ಸಿಕ್ಕುವಂತೆ ಸರ್ಕಾರದವರು ಅನೇಕ ಏರ್ಪಾಟುಗಳನ್ನಿಟ್ಟಿರುವರು

೧. ಎಲ್ಲಾ ಸರ್ಕಾರಿ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಕ್ವಯಿನಾ ಸಂಜೀವಿನಿಯು ಉಚಿತವಾಗಿ ಜನಗಳಿಗೆ ದೊರೆಯುವುದು.

೨. ಬಹಳ ಸುಲಭ ಖರೀದಿಗೆ ಎಲ್ಲಾ ಪೋಸ್ಟಾಫೀಸುಗಳಲ್ಲಿ ಮಾರಲ್ಪಡುವುದು.

೩ ಮಲೆನಾಡು ಪ್ರದೇಶಗಳ ಗ್ರಾಮಾಂತರಗಳಲ್ಲಿ ಶೇಕದಾರ್ ಸ್ಯಾನಿಟೆರಿ ಇನ್ಸ್‌ಪೆಕ್ಟರು, ಸ್ಕೂಲ್ಮಾಸ್ಟರು, ಪಟೇಲ್, ಶ್ಯಾನುಭೋಗರು, ಮುಂತಾದವರ ಮುಖಾಂತ್ರ ಕ್ವಯಿನಾವನ್ನು ಉಚಿತವಾಗಿ ಪಡೆಯಬಹುದು.

ಇಂಥಾ ಸಂಜೀವಿನಿಯು ಸವಿಾದಲ್ಲಿರಲು ಮಲೇರಿಯಾ ಜ್ವರದಿಂದ ಪೀಡಿತರಾದ ಸಮಸ್ತರೂ ಇದನ್ನು ಸೇವಿಸಿ ಹೇಳಲಶಕ್ಯವಾದ ಅನಾಹುತಗಳಿಗೆ ತುತ್ತಾಗದೆ ಸುಖದಿಂದ ಜೀವಿಸುವುದು ಸದ್ಧರ್ಮವಾಗಿರುತ್ತದೆ.

G.R.S. 28]

File No. 73-14

Serial No. 30

Diary No. of letter replied to 6538

Proceedings of the Government of His Highness the Maharaja of Mysore

GENERAL AND REVENUE SECRETARIAT.
(Sanitary)

, the 191 .

Date of issue 30.8.15

Signed by Mr. M.S. Ramachandra Rao

READ—

Letter No. 971 dated the 6th April 1915 from the Special Rev. officer, In. I. Kadur & Hassan Districts, submitting for information, Copies of the marginally noted pamphlets written by Mr. M.G. Samuel, District Sanitary officer, Kadur District, for the use of the people in the malarial tracts of the Kadur & Hassan Districts

*Quinine in treatment of Malaria
Small-pox & vaccination

ORDER THEREON. No.

over.

SUBJECT.

GPB—50,000—1-12-12.

7)

Order, 1750-62 San 73-14-30 9.30.8.15

Recorded with the ~~thanks~~ suggestion that it is desirable to Coordinate all such efforts in the Sanitary department throughout the State so that many officers may Specialize in branches of Sanitary work and help to instruct the public.

2. The Sanitary Commissioner is requested to Communicate to Lt. M.G. Samuel the appreciation of ~~of~~ Govt. ~~of his work in having published~~ for the two useful publications brought out by him ~~the pamphlets referred to~~.

Dated 27.8.15

Asa
9/8

Dated 27/8

For Presenting

Bd

The Special Rev. Officer, M.S. Kudan + Hyderabad Obs.
" Dy Commrs + Chairmen, M.S. Committees
" Sanitary Commr.
" Dy Commrs of the Districts.